

Superior Court of California
County of Riverside

Family Law Case Cover Sheet

Fill out below and put this sheet on top of your court forms.

① Your Information

Name: _____

First Last Initial

Street Address: _____

City, State, Zip Code: _____

Phone Number (home or cell): _____

② Type Petitioner's name here (person who started case)

Name: _____

First Last Initial

③ Type Respondent's name here

Name: _____

First Last Initial

④ Type of orders you are requesting

☐ Child Support ☐ Child Custody ☐ Visitation ☐ Spousal Support

☐ Attorney Fees & Costs ☐ Valuation of Community Property & Assets ☐ Other (specify): _____

⑤ Are the new orders you are requesting going to modify an order already in place?

☐ Yes ☐ No

⑥ Case Number (Fill in if you have one): _____

⑦ Please list your minor children from the relationship

1. Name: _____

First Last Initial

Date of Birth (MM/DD/YYYY): _____

Place of Birth (City/State): _____

Age: _____

Sex: ☒ Male ☐ Female

2. Name: _____

First Last Initial

Date of Birth (MM/DD/YYYY): _____

Place of Birth (City/State): _____

Age: _____

Sex: ☒ Male ☐ Female

⑧ What Courthouse will your hearing be at?

Choose location where you filed or plan to file your case:

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY			
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:				
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/PARTY:				
<table style="width: 100%;"> <tr> <td style="width: 33%;"> REQUEST FOR ORDER <input type="checkbox"/> Child Custody <input type="checkbox"/> Child Support <input type="checkbox"/> Attorney Fees and Costs </td> <td style="width: 33%;"> <input type="checkbox"/> MODIFICATION <input type="checkbox"/> Visitation <input type="checkbox"/> Spousal Support </td> <td style="width: 33%;"> <input type="checkbox"/> Temporary Emergency Court Order <input type="checkbox"/> Other (specify): </td> </tr> </table>	REQUEST FOR ORDER <input type="checkbox"/> Child Custody <input type="checkbox"/> Child Support <input type="checkbox"/> Attorney Fees and Costs	<input type="checkbox"/> MODIFICATION <input type="checkbox"/> Visitation <input type="checkbox"/> Spousal Support	<input type="checkbox"/> Temporary Emergency Court Order <input type="checkbox"/> Other (specify):	CASE NUMBER:
REQUEST FOR ORDER <input type="checkbox"/> Child Custody <input type="checkbox"/> Child Support <input type="checkbox"/> Attorney Fees and Costs	<input type="checkbox"/> MODIFICATION <input type="checkbox"/> Visitation <input type="checkbox"/> Spousal Support	<input type="checkbox"/> Temporary Emergency Court Order <input type="checkbox"/> Other (specify):		

1. TO (name):
2. A hearing on this *Request for Order* will be held as follows: **If child custody or visitation is an issue in this proceeding, Family Code section 3170 requires mediation before or at the same time as the hearing (see item 7.)**

a. Date:	Time:	<input type="checkbox"/> Dept.:	<input type="checkbox"/> Room.:
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b. Address of court ☐ same as noted above ☐ other (specify):

3. Attachments to be served with this *Request for Order*:

- | | |
|---|---|
| a. A blank Responsive Declaration (form FL-320)
b. <input type="checkbox"/> Completed <i>Income and Expense Declaration</i> (form FL-150) and a blank Income and Expense Declaration | c. <input type="checkbox"/> Completed <i>Financial Statement (Simplified)</i> (form FL-155) and a blank Financial Statement (Simplified)
d. <input type="checkbox"/> Points and authorities
e. <input type="checkbox"/> Other (specify): |
|---|---|

Date: _____

 (TYPE OR PRINT NAME)

 (SIGNATURE)

☐ **COURT ORDER**

4. ☐ YOU ARE ORDERED TO APPEAR IN COURT AT THE DATE AND TIME LISTED IN ITEM 2 TO GIVE ANY LEGAL REASON WHY THE ORDERS REQUESTED SHOULD NOT BE GRANTED.
5. ☐ Time for ☐ service ☐ hearing is shortened. Service must be on or before (date):
6. Any responsive declaration must be served on or before (date):
7. The parties are ordered to attend mandatory custody services as follows:
8. ☐ You are ordered to comply with the *Temporary Emergency Court Orders* (form FL-305) attached.
9. ☐ Other (specify):

Date: _____

JUDICIAL OFFICER

To the person who received this *Request for Order*: If you wish to respond to this *Request for Order*, you must file a *Responsive Declaration to Request for Order* (form FL-320) and serve a copy on the other parties at least nine court days before the hearing date unless the court has ordered a shorter period of time. You do not have to pay a filing fee to file the *Responsive Declaration to Request for Order* (form FL-320) or any other declaration including an *Income and Expense Declaration* (form FL-150) or *Financial Statement (Simplified)* (form FL-155).

☐ **Petitioner** ☐ **Respondent** ☐ **Other Parent/Party** **requests the following orders:**

1. ☐ **CHILD CUSTODY** ☐ **To be ordered pending the hearing**

a. Child's name and age b. Legal custody to (name of person who makes decisions about health, education, etc.) c. Physical custody to (name of person with whom child will live)

d. ☐ As requested in form ☐ *Child Custody and Visitation Application Attachment* (form FL-311)
☐ *Request for Child Abduction Prevention Orders* (form FL-312)
☐ *Children's Holiday Schedule Attachment* (form FL-341(C))
☐ *Additional Provisions—Physical Custody Attachment* (form FL-341(D))
☐ *Joint Legal Custody Attachment* (form FL-341(E))
☐ Other (Attachment 1d)

e. ☐ Modify existing order
(1) filed on *(date)*:
(2) ordering *(specify)*:

2. ☐ **CHILD VISITATION (PARENTING TIME)** ☐ **To be ordered pending the hearing**

a. As requested in: (1) ☐ Attachment 2a (2) ☐ *Child Custody and Visitation Application Attachment* (form FL-311)
(3) ☐ Other *(specify)*:

b. ☐ Modify existing order
(1) filed on *(date)*:
(2) ordering *(specify)*:

c. ☐ One or more domestic violence restraining/protective orders are now in effect. *(Attach a copy of the orders if you have one.)* The orders are from the following court or courts *(specify county and state)*:

(1) ☐ Criminal: County/state: (3) ☐ Juvenile: County/state:
Case No. *(if known)*: Case No. *(if known)*:

(2) ☐ Family: County/state: (4) ☐ Other: County/state:
Case No. *(if known)*: Case No. *(if known)*:

3. ☐ **CHILD SUPPORT** *(An earnings assignment order may be issued.)*

a. Child's name and age b. ☐ I request support based on the child support guidelines c. Monthly amount requested (if not by guideline) \$

d. ☐ Modify existing order
(1) filed on *(date)*:
(2) ordering *(specify)*:

FL-300 [Rev. July 1, 2012]

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/PARTY:	CASE NUMBER:
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4. ☐ SPOUSAL OR PARTNER SUPPORT (*An earnings assignment order may be issued.*)
- a. ☐ Amount requested (*monthly*): \$
- b. ☐ Terminate existing order
(1) filed on (*date*):
(2) ordering (*specify*):
- c. ☐ Modify existing order
(1) filed on (*date*):
(2) ordering (*specify*):
- d. ☐ The *Spousal or Partner Support Declaration Attachment* (form FL-157) is attached (*for modification of spousal or partner support after judgment only*)
- e. **An *Income and Expense Declaration* (form FL-150) must be attached**
5. ☐ ATTORNEY FEES AND COSTS are requested on *Request for Attorney Fees and Costs Order Attachment* (form FL-319) or a declaration that addresses the factors covered in that form. An *Income and Expense Declaration* (form FL-150) must be attached. A *Supporting Declaration for Attorney Fees and Costs Order Attachment* (form FL-158) or a declaration that addresses the factors covered in that form must also be attached.
6. ☐ PROPERTY RESTRAINT ☐ **To be ordered pending the hearing**
- a. The ☐ petitioner ☐ respondent ☐ claimant is restrained from transferring, encumbering, hypothecating, concealing, or in any way disposing of any property, real or personal, whether community, quasi-community, or separate, except in the usual course of business or for the necessities of life.
☐ The applicant will be notified at least five business days before any proposed extraordinary expenditures, and an accounting of such will be made to the court.
- b. ☐ Both parties are restrained and enjoined from cashing, borrowing against, canceling, transferring, disposing of, or changing the beneficiaries of any insurance or other coverage, including life, health, automobile, and disability, held for the benefit of the parties or their minor children.
- c. ☐ Neither party may incur any debts or liabilities for which the other may be held responsible, other than in the ordinary course of business or for the necessities of life.
7. ☐ PROPERTY CONTROL ☐ **To be ordered pending the hearing**
- a. ☐ The petitioner ☐ respondent is given the exclusive temporary use, possession, and control of the following property that we own or are buying (*specify*):
- b. ☐ The petitioner ☐ respondent is ordered to make the following payments on liens and encumbrances coming due while the order is in effect:
- | <u>Debt</u> | <u>Amount of payment</u> | <u>Pay to</u> |
|-------------|--------------------------|---------------|
| | | |
8. ☐ OTHER RELIEF (*specify*):

NOTE: To obtain domestic violence restraining orders, you must use the forms *Request for Order (Domestic Violence Prevention)* (form DV-100), *Temporary Restraining Order (Domestic Violence)* (form DV-110), and *Notice of Court Hearing (Domestic Violence)* (form DV-109).

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/PARTY:	CASE NUMBER:
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9. ☐ I request that time for service of the *Request for Order* and accompanying papers be shortened so that these documents may be served no less than (*specify number*): _____ days before the time set for the hearing. I need to have this order shortening time because of the facts specified in item 10 or the attached declaration.
10. ☐ FACTS IN SUPPORT of orders requested and change of circumstances for any modification are (*specify*):
☐ Contained in the attached declaration. (*You may use Attached Declaration (form MC-031) for this purpose. The attached declaration must not exceed 10 pages in length unless permission to file a longer declaration has been obtained from the court.*)

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:



(TYPE OR PRINT NAME)

(SIGNATURE OF APPLICANT)



Requests for Accommodations

Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available if you ask at least five days before the proceeding. Contact the clerk's office or go to www.courts.ca.gov/forms for *Request for Accommodations by Persons With Disabilities and Response* (form MC-410). (Civil Code, § 54.8.)

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/PARTY:	CASE NUMBER:
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TEMPORARY EMERGENCY COURT ORDERS**Attachment to Request for Order (FL-300)**

The court makes the following orders, which are effective immediately and until the hearing:

1. ☐ **PROPERTY RESTRAINT**

- a. ☐ Petitioner ☐ Respondent ☐ Claimant is restrained from transferring, encumbering, hypothecating, concealing, or in any way disposing of any property, real or personal, whether community, quasi-community, or separate, except in the usual course of business or for the necessities of life.
☐ The other party is to be notified of any proposed extraordinary expenditures, and an accounting of such is to be made to the court.
- b. ☐ Both parties are restrained and enjoined from cashing, borrowing against, canceling, transferring, disposing of, or changing the beneficiaries of any insurance or other coverage, including life, health, automobile, and disability, held for the benefit of the parties or their minor child or children.
- c. ☐ Neither party may incur any debts or liabilities for which the other may be held responsible, other than in the ordinary course of business or for the necessities of life.

2. ☐ **PROPERTY CONTROL**

- a. ☐ Petitioner ☐ Respondent is given the exclusive temporary use, possession, and control of the following property that the parties own or are buying (*specify*):
- b. ☐ Petitioner ☐ Respondent is ordered to make the following payments on liens and encumbrances coming due while the order is in effect:
- | <u>Debt</u> | <u>Amount of payment</u> | <u>Pay to</u> |
|-------------|--------------------------|---------------|
|-------------|--------------------------|---------------|

3. ☐ **MINOR CHILDREN**

- a. ☐ Petitioner ☐ Respondent will have the temporary physical custody, care, and control of the minor children of the parties ☐ subject to the other party's rights of visitation as follows:
- b. ☐ Petitioner ☐ Respondent must not remove the minor child or children of the parties
- (1) ☐ from the state of California.
 - (2) ☐ from the following counties (*specify*):
 - (3) ☐ other (*specify*):
- c. ☐ Child abduction prevention orders are attached (see form FL-341(B)).
- d. (1) Jurisdiction: This court has jurisdiction to make child custody orders in this case under the Uniform Child Custody Jurisdiction and Enforcement Act (part 3 of the California Family Code, commencing with section 3400).
- (2) Notice and opportunity to be heard: The responding party was given notice and an opportunity to be heard as provided by the laws of the State of California.
- (3) Country of habitual residence: The country of habitual residence of the child or children is
☐ the United States of America ☐ other (*specify*):
- (4) **Penalties for violating this order: If you violate this order, you may be subject to civil or criminal penalties or both.**

4. ☐ **OTHER ORDERS (*specify*):**

☐ Additional orders are listed on Attachment 4.

Date:

JUDGE OF THE SUPERIOR COURT

5. **The date of the court hearing is (*insert date when known*):****CLERK'S CERTIFICATE**

[SEAL]

I certify that the foregoing is a true and correct copy of the original on file in my office.

Date:

Clerk, by _____, Deputy

Attach copies of your pay stubs for last two months (black out social security numbers).

- American LegalNet, Inc.
www.FormsWorkflow.com

PETITIONER/PLAINTIFF: _____ RESPONDENT/DEFENDANT: _____ OTHER PARENT/CLAIMANT: _____	CASE NUMBER: _____
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Attach copies of your pay stubs for the last two months and proof of any other income. Take a copy of your latest federal tax return to the court hearing. (Black out your social security number on the pay stub and tax return.)

5. **Income** (For average monthly, add up all the income you received in each category in the last 12 months and divide the total by 12.)

	Last month	Average monthly
a. Salary or wages (gross, before taxes)	\$ _____	_____
b. Overtime (gross, before taxes)	\$ _____	_____
c. Commissions or bonuses	\$ _____	_____
d. Public assistance (for example: TANF, SSI, GA/GR) <input type="checkbox"/> currently receiving	\$ _____	_____
e. Spousal support <input type="checkbox"/> from this marriage <input type="checkbox"/> from a different marriage	\$ _____	_____
f. Partner support <input type="checkbox"/> from this domestic partnership <input type="checkbox"/> from a different domestic partnership	\$ _____	_____
g. Pension/retirement fund payments	\$ _____	_____
h. Social security retirement (not SSI)	\$ _____	_____
i. Disability: <input type="checkbox"/> Social security (not SSI) <input type="checkbox"/> State disability (SDI) <input type="checkbox"/> Private insurance	\$ _____	_____
j. Unemployment compensation	\$ _____	_____
k. Workers' compensation	\$ _____	_____
l. Other (military BAQ, royalty payments, etc.) (specify):	\$ _____	_____

6. **Investment income** (Attach a schedule showing gross receipts less cash expenses for each piece of property.)

a. Dividends/interest	\$ _____	_____
b. Rental property income	\$ _____	_____
c. Trust income	\$ _____	_____
d. Other (specify):	\$ _____	_____

7. **Income from self-employment, after business expenses for all businesses.** \$ _____

I am the ☐ owner/sole proprietor ☐ business partner ☐ other (specify): _____

Number of years in this business (specify): _____

Name of business (specify): _____

Type of business (specify): _____

Attach a profit and loss statement for the last two years or a Schedule C from your last federal tax return. Black out your social security number. If you have more than one business, provide the information above for each of your businesses.

8. ☐ **Additional income.** I received one-time money (lottery winnings, inheritance, etc.) in the last 12 months (specify source and amount): _____

9. ☐ **Change in income.** My financial situation has changed significantly over the last 12 months because (specify): _____

10. **Deductions** Last month

a. Required union dues	\$ _____	_____
b. Required retirement payments (not social security, FICA, 401(k), or IRA)	\$ _____	_____
c. Medical, hospital, dental, and other health insurance premiums (total monthly amount)	\$ _____	_____
d. Child support that I pay for children from other relationships	\$ _____	_____
e. Spousal support that I pay by court order from a different marriage	\$ _____	_____
f. Partner support that I pay by court order from a different domestic partnership	\$ _____	_____
g. Necessary job-related expenses not reimbursed by my employer (attach explanation labeled "Question 10g")	\$ _____	_____

11. **Assets** Total

a. Cash and checking accounts, savings, credit union, money market, and other deposit accounts	\$ _____	_____
b. Stocks, bonds, and other assets I could easily sell	\$ _____	_____
c. All other property, <input type="checkbox"/> real and <input type="checkbox"/> personal (estimate fair market value minus the debts you owe)	\$ _____	_____

PETITIONER/PLAINTIFF: _____ RESPONDENT/DEFENDANT: _____ OTHER PARENT/CLAIMANT: _____	CASE NUMBER: _____
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12. The following people live with me:

Name	Age	How the person is related to me? (ex: son)	That person's gross monthly income	Pays some of the household expenses?
a.				<input type="checkbox"/> Yes <input type="checkbox"/> No
b.				<input type="checkbox"/> Yes <input type="checkbox"/> No
c.				<input type="checkbox"/> Yes <input type="checkbox"/> No
d.				<input type="checkbox"/> Yes <input type="checkbox"/> No
e.				<input type="checkbox"/> Yes <input type="checkbox"/> No

13. Average monthly expenses ☐ Estimated expenses ☐ Actual expenses ☐ Proposed needs

- a. Home:
- (1) ☐ Rent or ☐ mortgage... \$ _____
- If mortgage:
- (a) average principal: \$ _____
- (b) average interest: \$ _____
- (2) Real property taxes \$ _____
- (3) Homeowner's or renter's insurance (if not included above) \$ _____
- (4) Maintenance and repair \$ _____
- b. Health-care costs not paid by insurance... \$ _____
- c. Child care \$ _____
- d. Groceries and household supplies. \$ _____
- e. Eating out. \$ _____
- f. Utilities (gas, electric, water, trash) \$ _____
- g. Telephone, cell phone, and e-mail \$ _____
- h. Laundry and cleaning \$ _____
- i. Clothes \$ _____
- j. Education \$ _____
- k. Entertainment, gifts, and vacation. \$ _____
- l. Auto expenses and transportation (insurance, gas, repairs, bus, etc.) \$ _____
- m. Insurance (life, accident, etc.; do not include auto, home, or health insurance)... \$ _____
- n. Savings and investments. \$ _____
- o. Charitable contributions. \$ _____
- p. Monthly payments listed in item 14 (itemize below in 14 and insert total here). . \$ _____
- q. Other (specify): \$ _____
- r. **TOTAL EXPENSES** (a–q) (do not add in the amounts in a(1)(a) and (b)) \$ _____
- s. **Amount of expenses paid by others** \$ _____

14. Installment payments and debts not listed above

Paid to	For	Amount	Balance	Date of last payment
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

15. Attorney fees (This is required if either party is requesting attorney fees.):

- a. To date, I have paid my attorney this amount for fees and costs (specify): \$ _____
- b. The source of this money was (specify): _____
- c. I still owe the following fees and costs to my attorney (specify total owed): \$ _____
- d. My attorney's hourly rate is (specify): \$ _____

I confirm this fee arrangement.

Date:

(TYPE OR PRINT NAME OF ATTORNEY)

(SIGNATURE OF ATTORNEY)

PETITIONER/PLAINTIFF:	CASE NUMBER:
RESPONDENT/DEFENDANT:	
OTHER PARENT/CLAIMANT:	

CHILD SUPPORT INFORMATION**(NOTE: Fill out this page only if your case involves child support.)****16. Number of children**

- a. I have (*specify number*): _____ children under the age of 18 with the other parent in this case.
- b. The children spend _____ percent of their time with me and _____ percent of their time with the other parent.
(*If you're not sure about percentage or it has not been agreed on, please describe your parenting schedule here.*)

17. Children's health-care expenses

- a. ☐ I do ☐ I do not have health insurance available to me for the children through my job.
- b. Name of insurance company:
- c. Address of insurance company:
- d. The monthly cost for the **children's** health insurance is or would be (*specify*): \$ _____
(*Do not include the amount your employer pays.*)

18. Additional expenses for the children in this case

Amount per month

- a. Child care so I can work or get job training. \$ _____
- b. Children's health care not covered by insurance \$ _____
- c. Travel expenses for visitation \$ _____
- d. Children's educational or other special needs (*specify below*): \$ _____

19. Special hardships. I ask the court to consider the following special financial circumstances*(attach documentation of any item listed here, including court orders):*

Amount per month

For how many months?

- a. Extraordinary health expenses not included in 18b. \$ _____
- b. Major losses not covered by insurance (examples: fire, theft, other insured loss) \$ _____
- c. (1) Expenses for my minor children who are from other relationships and are living with me \$ _____
- (2) Names and ages of those children (*specify*):

(3) Child support I receive for those children. \$ _____

The expenses listed in a, b, and c create an extreme financial hardship because (*explain*):**20. Other information I want the court to know concerning support in my case (*specify*):**

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): <hr style="width: 10%; margin-left: 0;"/> <div style="display: flex; justify-content: space-between;"> <div>TELEPHONE NO.: E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):</div> <div>FAX NO. (Optional):</div> </div>	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/PARTY:	CASE NUMBER: <div style="text-align: center; font-size: small;">(If applicable, provide):</div> HEARING DATE: HEARING TIME: DEPT.:
PROOF OF SERVICE BY MAIL	

NOTICE: To serve temporary restraining orders you must use personal service (see form FL-330).

1. I am at least 18 years of age, not a party to this action, and I am a resident of or employed in the county where the mailing took place.
2. My residence or business address is:

3. I served a copy of the following documents (specify):

by enclosing them in an envelope AND

- a. ☐ **depositing** the sealed envelope with the United States Postal Service with the postage fully prepaid.
- b. ☐ **placing** the envelope for collection and mailing on the date and at the place shown in item 4 following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.

4. The envelope was addressed and mailed as follows:

- a. Name of person served:
- b. Address:
- c. Date mailed:
- d. Place of mailing (city and state):

5. ☐ I served a request to modify a child custody, visitation, or child support judgment or permanent order which included an address verification declaration. (Declaration Regarding Address Verification—Postjudgment Request to Modify a Child Custody, Visitation, or Child Support Order (form FL-334) may be used for this purpose.)

6. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME)



(SIGNATURE OF PERSON COMPLETING THIS FORM)

TELEPHONE NO.:

FAX NO.:

ATTORNEY FOR (Name):

STREET ADDRESS:

MAILING ADDRESS:

CITY AND ZIP CODE:

BRANCH NAME:

PETITIONER/PLAINTIFF:

CASE NUMBER:

RESPONDENT/DEFENDANT:

(If applicable, provide):

HEARING DATE:

HEARING TIME:

OTHER PARENT/PARTY:

DEPT.:

1. I am at least 18 years old, not a party to this action, and not a protected person listed in any of the orders.
2. Person served (*name*):
3. I served copies of the following documents (*specify*):

4. By personally delivering copies to the person served, as follows:

a. Date:

b. Time:

c. Address:

5. I am

a. ☐ not a registered California process server.

b. ☐ a registered California process server.

c. ☐ an employee or independent contractor of a registered California process server.

d. ☐ exempt from registration under Business & Profession Code section 22350(b).

e. ☐ a California sheriff or marshal.

6. My name, address, and telephone number, and, if applicable, county of registration and number (*specify*):

7. ☐ I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

8. ☐ I am a California sheriff or marshal and I certify that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME OF PERSON WHO SERVED THE PAPERS)

(SIGNATURE OF PERSON WHO SERVED THE PAPERS)

INSTRUCTIONS FOR FILING

1. **FILL OUT** the documents.
2. **MAKE COPIES** — You will need the original plus two more complete sets (copy each document 2 times).
3. **FILE** — Give the original plus the copies to the Clerk of the Court at the Family Law filing window. The clerk will keep the original and give you your copies back.
4. **SERVE** — If the Respondent has not filed a Response in the case, the Request for Order must be served by personal service by someone other than you, at least 18 years of age at least 16 court days prior to the hearing date. If the Respondent has filed a Response in the case, service can be completed by mail by someone other than you, at least 18 years of age at least 21 calendar days prior to the hearing date.
5. **FILE** — You must file the Proof of Service at the Clerk's Office (bring the original and 1 extra copy).
6. **ATTEND** your Child Custody Recommending Counseling appointment, **if required**.
7. **ATTEND** your hearing.
8. **PREPARE** an Order After Hearing, **if necessary**.